Kentucky Board of Nursing

312 Whittington Pky Ste 300 Louis ville KY 40222-5172 502-429-3300 or 800-305-2042

DUPLICATE REQUEST FORM

\$35 FEE (NON-REFUNDABLE) FOR EACH CARD REQUESTED

Please type or print using capital letters and black ink.

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- Applicant's Signature										Subscribed and sworn to before me by, 20															
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or Office Use C	only						l ic S	Statu	ıs.						N/	C Re	eceiv	/ed:_							3/20